MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-024581

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 179 Primary Registration District No. 1002 Registrar's No. 3408 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUL 5 1963

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 42 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Forest Ave. Nushing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3611 Wabash
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Della Middle: Last: Saulsbery

4. DATE OF DEATH: Month: 6 Day: 14 Year: 1963

5. SEX: Female

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 2-15-1888

9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (City and state or country): Shreveport, La.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Comelia Ross

14. NAME OF HUSBAND OR WIFE: J. W. Saulsbery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of servi): None

16. SOCIAL SECURITY NO.:

17. INFORMANT: Lillie Miller Address: 3611 Wabash K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Congestive Heart Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular Disease
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 8, 1963 to June 14, 1963 and last saw her/him alive on June 14, 1963
Death occurred at 4:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF George H. Taft

22a. SIGNATURE (Degree or title): George H. Taft, M.D.

22b. ADDRESS: 2204 E. 18th St.

22c. DATE SIGNED: 6-17, 19 63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-19-63

23c. NAME OF CEMETERY OR CREMATORY: Mt. St. Marys Cemetery

23d. LOCATION (City, town, or county) (State): K. C. Mo.

24. FUNERAL DIRECTOR ADDRESS: Jones & Stevens 2315 Linwood, K.C.Mo.

25. DATE RECD. BY LOCAL REG.: 6-17-63

26. REGISTRAR'S SIGNATURE: Ruth N. Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.